



REQUEST FOR NAME AND/OR ADDRESS CHANGE

Complete using black or blue ink – Do not use pencil.

Social Security Number: _____

CHECK APPROPRIATE BOX: Name Change ☐

Address Change ☐

NAME CHANGE

***FOR A NAME CHANGE, SUBMIT A COPY OF LEGAL PROOF THAT DOCUMENTS THE CHANGE**

*After you filed your claim for unemployment benefits, you reported your name had changed since you last claimed benefits. Your claim has been processed under your former name. To change your name, you must provide the Unemployment Insurance Agency (UIA) with a signed statement and supporting legal documentation.

Print your new name: _____
Last First M.I.

Print your former name: _____
Last First M.I.

Reason for Change: ☐ Marriage ☐ Divorce ☐ Personal Choice
Attach a copy of the legal basis (e.g., marriage license, probate court document, etc.) for making the change.

ADDRESS CHANGE

Old Address: _____
Street Address City State Zip Code

New Address: _____
Street Address City State Zip Code

Telephone Number: _____

If you have relocated outside of Michigan, will it be for more than 4 weeks? ☐ Yes ☐ No
(If you answered "Yes," your claim will be changed to an Interstate Benefit claim.)

I know the law provides penalties of fine and/or imprisonment and/or community service for any false statement(s). I certify that the information reported on this form is true and correct to the best of my knowledge.

Your Signature: _____ **Date:** _____

If you have any questions about this form, contact our Inquiry Line at 1-866-500-0017 (TTY customers use 1-866-366-0004), use your Michigan Web Account Manager (MiWAM) to get a response for your question, or visit one of your Problem Resolution Offices (PRO).

RETURN COMPLETED FORM TO: Unemployment Insurance Agency
PO Box 169
Grand Rapids, MI 49501-0169
FAX: 1-517-636-0427

